

PART B - FEE(S) TRANSMITTAL

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APR 10 2002

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7590

01/14/2002

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(Depositor's name)

Elie H. Gendloff

(Signature)

April 10, 2002

(Date)

04/15/2002 EAREGAY2 00000018 09118388

01 FC:242

02 FC:195

640.00 OP

300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/118,388	07/17/1998	KEVIN J. TRACEY	1101	8958

TITLE OF INVENTION: COMPOUNDS AND COMPOSITIONS FOR TREATING TISSUE ISCHEMIA

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
25	nonprovisional	YES	\$640	\$300	\$940	04/15/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
GERSTL, ROBERT	1626	514-365000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Amster, Rothstein &
Ebenstein

2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

North Shore - Long Island Jewish
Research Institute

Manhasset, New York

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☐ corporation or other private group entity ☐ government

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(Date)

April 10, 2002

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